

NOTICE TO COUNSEL: COUNSEL FOR THE APPELLANT MUST FILE THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	DISTRICT	DOCKET NUMBER
	JUDGE	APPELLANT
	COURT REPORTER	COUNSEL FOR APPELLANT
Check the applicable provision: <input type="checkbox"/> I am ordering a transcript. <input type="checkbox"/> I am not ordering a transcript Reason for not ordering a transcript: <input type="checkbox"/> Copy is already available <input type="checkbox"/> No transcribed proceedings <input type="checkbox"/> Other (Specify in the space below):		
PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED (<i>i.e.</i> , oral argument, order from the bench, etc.)		
METHOD OF PAYMENT <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21)		
INSTRUCTIONS TO COURT REPORTER: <input type="checkbox"/> PREPARE TRANSCRIPT OF PRE-TRIAL PROCEEDINGS <input type="checkbox"/> PREPARE TRANSCRIPT OF TRIAL <input type="checkbox"/> PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (Specify in the space below):		
DELIVER TRANSCRIPT TO: (COUNSEL’S NAME, ADDRESS, TELEPHONE)		
I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. See FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.		
COUNSEL’S SIGNATURE	DATE	
COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.		
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
SIGNATURE OF COURT REPORTER		DATE